

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.

9/936953

FILED DATE

APPLICANT(S)

1/3/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		3		3		3
5		4		4		4
6		5		5		5
7		6		6		6
8		7		7		7
9		8		8		8
10		9		9		9
11		10		10		10
12		11		11		11
13		12		12		12
14		13		13		13
15		14		14		14
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28		27		27		27
29		28		28		28
30		29		29		29
31		30		30		30
32		31		31		31
33		32		32		32
34		33		33		33
35		34		34		34
36		35		35		35
37		36		36		36
38		37		37		37
39		38		38		38
40		39		39		39
41		40		40		40
42		41		41		41
43		42		42		42
44		43		43		43
45		44		44		44
46		45		45		45
47		46		46		46
48		47		47		47
49		48		48		48
50		49		49		49
TOTAL IND.	1		1		1	
TOTAL DEP.		8		7		8
TOTAL CLAIMS	1	8	1	7	1	8

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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